

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB Approval

OMB Number Expires 3235-0076 April 30, 2008

Estimated average burden hours

per response 16.00



Name of Offering (check if this is an amendment and name has changed, and indicate change.)								
Options for Common Stock								
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	☐ Section 4(6) ☐ ULOE							
Type of Filing: New Filing								
A. BASIC IDENTIFICATION DATA								
Enter the information requested about the issuer								
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	LB 10 2005 E							
ROOT MARKETS INC.								
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)							
601 West 26th Street, Suite 1500, New York, NY 10001	(212) 645-6320 VOICE							
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)							
(if different from Executive Offices)								
Brief Description of Business								
Open market for the pricing and exchange of realtime consumer da	ata.							
Type of Business Organization								
☐ limited partnership, already formed	other (please specify): limited liability company							
business trust limited partnership, to be formed								
Month	Year							
Actual or Estimated Date of Incorporation or Organization: 0 1	0 5 🛛 Actual 🔲 Estimated							
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;								
CN for Canada; FN for other foreign jurisdiction)	D E							

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:								
 Each promoter of the issuer, if the issuer has been organized within the past five years; 								
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the inspect.	οf							
 the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and 								
 Each general and managing partner of partnership issuers. 								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or								
Managing Partne	er							
Full Name (Last name first, if individual)								
Goldstein, Seth	_							
Business or Residence Address (Number and Street, City, State, Zip Code) 601 West 26th Street, Suite 1500, New York, NY 10001								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or	_							
Managing Partne	er							
Full Name (Last name first, if individual)								
Neumann, Gerard								
Business or Residence Address (Number and Street, City, State, Zip Code) 601 West 26th Street, Suite 1500, New York, NY 10001								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or	_							
Managing Partn	er							
Full Name (Last name first, if individual)								
Sherman, Candice								
Business or Residence Address (Number and Street, City, State, Zip Code)								
601 West 26th Street, Suite 1500, New York, NY 10001	_							
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Lewis Ranieri Managing Partn	~							
Full Name (Last name first, if individual)	EI							
50 Charles Lindbergh Blvd., Suite 500, Uniondale, NY 11553								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Brad Reifler Managing Partn.								
Full Name (Last name first, if individual) Managing Partners	EI							
650 Fifth Avenue, 6 th Floor, New York, NY 10019								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Business of Residence Address (Number and Succe, City, State, Zip Code)								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or	_							
Scott Shay Managing Partn	er							
Full Name (Last name first, if individual)								
50 Charles Lindbergh Blvd., Suite 500, Uniondale, NY 11553								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or	_							

Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

					В.	INFOR	MATIO	N ABOU	T OFFI	ERING					
1.	1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	Νo				
Answer also in Appendix, Column 2, if filing under ULOE.							\boxtimes	Ц							
2.	Wha	t is the	minimum ir	nvestment tl	nat will be a	accepted fr	om any inc	lividual?						\$ N/A	L
														Yes	No
3.	Does	the off	ering permi	it joint own	ership of a	single unit	?							\boxtimes	
4.	Ente	r the ir	formation	requested i	for each p	erson who	has been	or will b	e paid or	given, di	rectly or	indirectly.	anv		
	comi	mission	or similar ı	remuneratio	n for solici	tation of p	urchasers i	n connectio	on with sal	es of secur	rities in the	e offering.	If a		
	state	s, list tl	ne name of	n associated the broker	or dealer.	If more t	han five (5) persons	to be liste					N/A	
	brok	er or de	aler, you m	ay set forth	the inform	ation for th	at broker o	or dealer or	nly.		-				
Full	Nam	e (Last:	name first,	if individua	1)										
		- D ·	1 411	011	. 1 04	4 0:5 05	+- 7'- O-	1->							
Bus	iness	or Resid	ience Addr	ess (Numbe	r and Suee	i, Chy, Sia	ile, Zip Coo	16)							
Nan	ne of	Associa	ted Broker	or Dealer		-			<u></u>						
									···						
				ed Has Solic c individual						,] All St	ates	
•	.	[AK]		[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[]	L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[M	T]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[R	[[[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Name (Last name first, if individual)															
Bus	iness	or Resid	lence Addr	ess (Numbe	and Stree	t, City, Sta	ite, Zip Coo	 de)							
				· .				<u> </u>							
Nan	ne of.	Associa	ted Broker	or Dealer											
Stat	ec in '	Which I	Person I ista	ed Has Solic	rited or Inte	ends to Sol	icit Purcha	sers		·					
				k individual							,] All St	ates	
[A]	[د]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
II]	[د]	[NI]	[IA]	[KS]	[KY]	[LA]	[MA]	[MD]	[ME]	[MI]	[MN]	[MS]	[MO]		
[M]	[]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[R	[]	[SC]	[SD]	[TN]	[TX]	[TU]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security	Aggregate Offering Price			А	Amount lready Sold
	Debt			•		arcady cord
	Equity	\$_ \$		•	\$ - \$	
	⊠ Common □ Preferred	-		•	-	 -
	Convertible Securities (including warrants)	\$			\$	
	Partnership Interests	\$			\$	
	Other (Specify options for common stock)	\$	3,273,742	1	\$ -	3,273,742
	Total	 \$	3,273,742	•	\$ - \$	3,273,742
	Answer also in Appendix, Column 3, if filing under ULOE		3,273,712	•	-	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
			Number Investors		Do	Aggregate ollar Amount f Purchases
	Accredited Investors	_			\$_	1,187,254
	Non-accredited Investors		25		\$	2,086,488
	Total (for filings under Rule 504 only)				\$	
	Answer also in Appendix, Column 4, if filing under ULOE				_	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.					
	Type of offering		Type of Security		A	Dollar mount Sold
	Rule 505	_		_	\$	
	Regulation A				\$	
	Rule 504				\$	
	Total	•		•	\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•			•	
	Transfer Agent's Fee		• • • • • • • • • • • • • • • • • • • •		\$_	
	Printing and Engraving Costs				\$ _	
	Legal Fees		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\boxtimes	\$	10,000
	Accounting Fees				\$ -	
	Engineering Fees				\$	
	Sales Commissions (Specify finder's fees separately)				\$	
	Other Expenses (identify)				\$	
	Total			\boxtimes	\$	10,000
					_	

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN	D USE OF PR	OCEEDS	
		,		
	b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			
	and adjusted group processes to are toomer.		<u>\$3,263,742</u>	<u>}</u>
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above.			
		Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees	\$	_ 🗆 💲	_
	Purchase of real estate	\$	_	_
	Purchase, rental or leasing and installation of machinery and equipment	\$	_	_
	Construction or leasing of plant buildings and facilities.	\$	_ 🗆	_
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger.	\$	□ \$	
	Repayment of indebtedness	\$	s	_
	Working capital	\$	<u> </u>	_
	Other (Specify)	\$	s	_
	Column Totals	\$		
	Total Payments Listed (column totals added)	🛮 🗀 \$	3,263,742	_
	D. FEDERAL SIGNATURE		<u> </u>	_
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Compormation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 5	mission, upon writte		
Iss	uer (Print or Type) Signature	Date		
R	DOT MARKETS INC.	January/[,	2006	
	me of Signer (Print or Type) Title of Signer (Print or Type)			
Se	eth Goldstein Chief Executive Officer			
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ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).